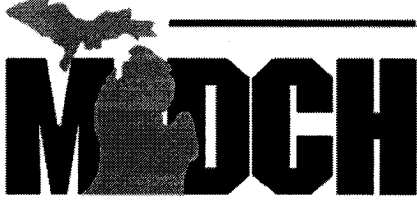


*Michigan Department  
of Community Health*



Jennifer M. Granholm, Governor  
Janet Olszewski, Director



Department of  
**AGRICULTURE**

DATE: June 24, 2003

TO: All Local Health Departments  
Attn: Director of Environmental Health/Chief Sanitarian/Medical  
Director/Communicable Disease Supervisor

SUBJECT: Foodborne Illness Reporting and Documentation

In order to streamline the foodborne illness reporting and documentation system, the following steps have been coordinated with MDA's Food Service Sanitation Program and the MDCH Division of Communicable Disease and Immunization. Investigations conducted in accordance with this guidance will generally be considered to have met the intent of current Minimum Program Requirements.

1. Document the date and time that initial reports of alleged foodborne illness are received in the foodborne illness/complaint log.
2. Gather uniform information from each person interviewed illness using ANY OF THE FOLLOWING:
  - a. a form consistent with IAMFES Form C1/C2 – for unconfirmed illnesses,
  - b. MDCH Gastrointestinal Case Investigation form (DCH-0622) - for laboratory confirmed illnesses, or
  - c. an outbreak-specific questionnaire (if one is developed).
3. Immediately notify MDA of potential foodborne outbreaks by faxing or emailing an initial alert to MDA's Food Safety Planning and Response Unit at 517-373-3333 (copy of example alert form attached). MDA will then share the information with MDCH staff.
4. LHDs should not send alerts for isolated incidents involving one person or persons living in the same household.
5. Use of the attached "Food Preparation Review Worksheet" is strongly encouraged when LHDs evaluate food facilities linked to foodborne illness outbreaks.
6. Document investigation findings in a final written report and send to MDA within 90 days of completing the investigation. **It is not necessary for LHDs to send copies of completed IAMFES C1/C2 forms (containing 72 hour meal histories) with the final summary.**

7. a. For small outbreaks (typically  $\leq 5$  persons)
- i. *Foodborne transmission may or may not have occurred* - modified termination report (copy attached)
  - ii. *Definitely foodborne* – CDC form 52.13 only
- b. For larger outbreaks – a written narrative
- i. *No or uncertain potential for foodborne transmission* - modified termination report (see above)
  - ii. *Definitely foodborne* – CDC form 52.13 and written narrative
    1. Introduction
    2. Epidemiology (Methods & Results)
    3. Laboratory (Methods & Results)
    4. Environmental (Methods & Results)
    5. Discussion
    6. Recommendations

Attachment 4 is an algorithm illustrating the recommended process.

Note: MDA and MDCH are committed to developing a single case history form to be used by all LHD staff for investigations of gastrointestinal illness. This form will merge the assortment of departmental case illness forms currently in use into a single form. The merged form will be introduced and made available to you in a separate mailing in the near future.

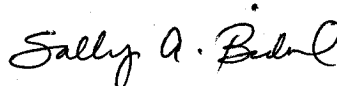
As you may be aware, a new web-based system for reporting of communicable diseases known as the Michigan Disease Surveillance System (MDSS) is also currently under development. Training on the MDSS system and statewide roll-out are planned for early this Fall. More information on this new system will be released at a later date.

Please feel free to contact either one of us if you have any questions.

Sincerely,



Lisa C. Hainstock, RS  
Michigan Dept of Agriculture  
Food Safety Planning & Response  
517-241-0930



Sally A. Bidol, MPH  
Michigan Dept of Community Health  
Communicable Disease and Immunization  
517-335-8165

Attachments

1. Example Alert Form
2. Food Preparation Review Worksheet
3. Modified Termination Report
4. Reporting and Documentation Process Algorithm

cc: MDA Regional Supervisors, Dr. John Tilden, Dr. Mary Grace Stobierski

# FOOD RELATED ALERT/COMPLAINT RECORD

Form A		Complaint Number
Complaint Received From:	Address: _____ Street _____ City, State, & Zip	Phone: (    ) _____ Area Code
Person to Contact for More Information	Address: _____ Street _____ City, State, & Zip	Phone Home (    ) _____ Work (    ) _____
Complaint:		

Illness <input type="checkbox"/> Yes <sup>1,2</sup> <input type="checkbox"/> No <sup>3</sup>	Number Ill <input type="checkbox"/> Same household	Time Illness Began Date: _____ Hour: _____	Predominant Symptoms
Suspect Foods <sup>4</sup>	Source	Brand Identification	Lot Number
Suspect Meal	Place	Address: _____ Street _____ City, State, & Zip	
Persons Attending Suspect Meal	Address: _____ Street _____ City, State, & Zip		Phone: (    ) _____ Area Code
<small>*List additional persons on back of form</small>			
Received By:	Investigation Initiated By:		Complaint Closed By:
Date:                  Time:	Date:                  Time:	Date:                  Time:	
Action Taken & Verification of Notification area Provided on the back of this form.	Nature of Complaint: <input type="checkbox"/> Illness <input type="checkbox"/> Contaminated, Adulterated Spoiled Food <input type="checkbox"/> Unsanitary Establishment <input type="checkbox"/> Other (Specify)		

<sup>1</sup>If yes, professional staff member should obtain information about patient and record on IAMFES Forms C1/C2, or outbreak specific questionnaire.

<sup>2</sup>If still ill, ask person to collect stool in a clean container. Arrange for collection and testing per MDCH criteria.

<sup>3</sup> If No, skip to "Receive By:" line and complete remainder of form

<sup>4</sup> Ask person to refrigerate all food eaten during the 72 hours before onset of illness; save or retrieve original containers or packages; sample should be properly identified; hold until health official makes further arrangements.

# FOOD PREPARATION REVIEW WORKSHEET

Complaint Number:

Establishment Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Date & Time of Suspect Meal \_\_\_\_ / \_\_\_\_ : \_\_\_\_ AM PM (circle)  
mo day yr.

Date & Time Food Preparation Started \_\_\_\_ / \_\_\_\_ : \_\_\_\_ AM PM (circle)  
mo day yr.

Person Interviewed Name \_\_\_\_\_ Position Held:

Review Conducted: \_\_\_\_\_ Other (specify) \_\_\_\_\_

Suspect Food Fruit Salad

DATE	PROCESS OBSERVATION	AMOUNT OF FOOD	TIME OF DAY	TEMP OF FOOD	EQUIPMENT USED	DEPTH OF CONTAINER OR FOOD THICKNESS	HAND CONTACT WITH FOOD	WORKER'S NAME	WORKER HEALTH PRIOR TO FOOD PREP	SANITATION UNUSUAL EVENTS OTHER INFORMATION
							Y N		Ill Well	
							Y N		Ill Well	
							Y N		Ill Well	
							Y N		Ill Well	
							Y N		Ill Well	
							Y N		Ill Well	
							Y N		Ill Well	
							Y N		Ill Well	

**FOOD PREPARATION REVIEW**

Complaint Number: 111

Establishment Name Sanborne HomeAddress \_\_\_\_\_ Phone Number 555-1212Date & Time of Suspect Meal 062900 / 13 : 00 am PM (circle)  
Mo. day yr.Date & Time Food Preparation Started 062800 / 16 : 00 am PM (circle)  
mo day yr.Person Interviewed Name Tilly Olson Position Held: Food Preparer

Review Conducted: \_\_\_\_\_ Sanitarian name \_\_\_\_\_ Other (specify) \_\_\_\_\_

Suspect Food Fruit Salad

DATE	PROCESS OBSERVATION	AMOUNT OF FOOD	TIME OF DAY	TEMP OF FOOD	EQUIPMENT USED	DEPTH OF CONTAINER OR FOOD THICKNESS	HAND CONTACT WITH FOOD	WORKER'S NAME	WORKER HEALTH PRIOR TO FOOD PREP	SANITATION UNUSUAL EVENTS OTHER INFORMATION
6/28	Cut up fruits and place them in watermelon halves	Unknown	4 PM	None taken	Knife, cutting board	Watermelon halves	<u>Y</u>	Tilly	<u>Ill</u>	Tilly was ill with GI symptoms. She did not properly wash her hands after using the toilet. She used bare hands to cut up fruit and remove seeds.

# Enteric Illness Outbreak Investigation Termination Form

Use to report enteric illness outbreaks of unknown or non-foodborne transmission

Agency/County:	Date Complaint Received:	Date MDA Notified:	Complaint #:
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## I. Preliminary Information

# ill/ # exposed:	Date/time meal consumed:	Date/time index case ill:
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Establishment/Event Name & Address where food was prepared:

Location where food was consumed (if different):

## II. Outbreak Investigation

### A. Epidemiological Investigation<sup>1</sup>

# ill/ # interviewed:	Age <sup>2</sup>	Incubation <sup>2</sup>	Duration of Illness <sup>2</sup>
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Number of persons experiencing following symptoms:

Diarrhea \_\_\_\_\_ Abdominal Cramps \_\_\_\_\_ Headache \_\_\_\_\_ Other: \_\_\_\_\_  
Vomiting \_\_\_\_\_ Nausea \_\_\_\_\_ Fever \_\_\_\_\_ Other: \_\_\_\_\_

List all foods consumed during suspect meal (drink, appetizer/snack, salad/dressing, entrée, dessert, other foods):

Were 72 hour meal histories obtained for all cases to rule out shared exposures to other foods?  
☐ yes ☐ no

Other possible routes of transmission:

☐ Same household ☐ Coworkers  
☐ Other shared meals within 72 hrs. of illness ☐ Other \_\_\_\_\_

### B. Laboratory Investigation

Food Samples:	Clinical Samples:
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Results:

Lab: ☐ Regional ☐ State ☐ Private

<sup>1</sup> Check for person, place, and time links between cases

<sup>2</sup> For <5 cases, please list individual values; for >5 cases, please list average

### C. Environmental Investigation<sup>3</sup>

Date of site visit:

Date implicated food was prepared:

Worker who prepared foods was ill? ☐ Yes ☐ No ☐ Uncertain

Evidence that food was potentially mishandled? ☐ Yes ☐ No ☐ Uncertain

Observations:

### D. Discussion and Conclusions

Disposition:

Initial complaint met MDA regulatory definition<sup>4</sup> of a foodborne illness outbreak: ☐ Yes ☐ No

If yes: ☐ Investigation terminated – Investigation could not be complete

☐ Investigation completed – Source uncertain

☐ Investigation completed – Not foodborne

Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

<sup>3</sup>Review of food handling practices used to prepare implicated foods one the day it was prepared to identify potential factors leading to Contamination, Survival, Growth and/or lack of Destruction of causative agent (see IAMFES 5<sup>th</sup> edition Procedures to Investigate Foodborne Illness pp. 20 – 42). Use of Food Preparation Review Worksheet is strongly encouraged.

<sup>4</sup>MDA regulatory outbreak definition: An incident where two or more persons, *not of the same household*, have ingested a common food and have a similar disease, similar symptoms, or excrete the same pathogens, and there is a time, place, or person association between these persons; where there is a single case of suspected botulism, mushroom poisoning, paralytic shellfish poisoning, or other rare disease; or where there is a case of a disease or poisoning that can be definitely related to the ingestion of food.

## Documentation of Food Complaint & Outbreak Investigations

Complaint Notification				
Complete Form A				
Non-illness Complaint	Illness/Injury Complaint			
Investigate Complaint	Isolated Complaint	Same Household (2 or more)	Involving Multiple Households	
			Send Alert Form to MDA	
	(1) Baseline Enteric Illness Interview and Investigation	(1) Baseline Enteric Illness Interview and Investigation	(1) Baseline Enteric Illness Interview and Investigation	
	Specified Disease?*  <ul style="list-style-type: none"> <li>Botulism</li> <li>Mushroom poisoning</li> <li>Paralytic shellfish poisoning</li> <li>Other "rare" disease</li> </ul> Yes – Contact LHD Supervisor	Unusual occurrence?  Yes – Conduct further investigation and reporting as determined by LHD Supervisor	Small Outbreaks  Was outbreak foodborne?  Yes – send CDC 52.13 to MDA  No or uncertain – send MDA termination report	Large Outbreaks  Was outbreak foodborne?  Yes – send 6 point narrative report & CDC 52.13 to MDA  No or uncertain – send MDA termination report
	Closeout	No – Closeout	No – Closeout	Closeout

\* See Michigan Food Law – Sec. 3103 – definition of foodborne illness outbreak.

(1) Complete IAMFES C1/C2, MDCH Gastrointestinal Illness Case Investigation (for laboratory confirmed enteric infections) or outbreak specific questionnaire.